

## Change of Beneficiary Form

*To Whom It May Concern:*

*Revoking hereby any previous nomination, which may be inconsistent herewith. I hereby nominate the following as my beneficiary or beneficiaries:*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

**(Note: If you wish to nominate more than one beneficiary list all names, addresses, birthdates, and social security numbers on back of this sheet).**

*In case of the death of my primary beneficiary, I hereby name the following as my alternate beneficiary:*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_

*I hereby request and authorize the Seattle City Employees' Retirement System to pay my above beneficiary or beneficiaries the following:*

1. All of the accumulated contributions which may be payable because of my death.
2. The death benefit.

Should I survive the above named beneficiary or beneficiaries I request and authorize that such payment be paid to my estate to such other beneficiary or beneficiaries as I may hereafter nominate by written designation duly filed with the Seattle City Employees' Retirement System.

Date: \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME OF MEMBER

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
SIGNATURE OF MEMBER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
WITNESS

**NOTE: BENEFICIARIES CANNOT BE WITNESSES**

\_\_\_\_\_  
ADDRESS

### Seattle City Employees' Retirement System

**801 3<sup>rd</sup> Ave., Suite 300, Seattle, WA, 98104 Telephone: (206) 386-1293, Fax: (206)386-1506**